No. C 155150		Due no later than Jun 30, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. OROFINO PHYSICAL THERAPY AND WELLNESS, INC. JOHN M. GARRISON PO BOX 1236 OROFINO ID 83544 USA		1005 MICHIG	JOHN M GARRISON 1005 MICHIGAN AVE OROFINO ID 83544			
					3. New Registered Agent Signature:*			
4. Corporations: Enter Nan Office Held		ess Addresses o	f President, Secretary, and Directors. Treas Street or PO Address		State	Country	Postal Code	
PRESIDENT SECRETARY	Name JOHN M GARRISON TIFFANY G SHRIVER		PO BOX 1236 PO BOX 1236	City OROFINO OROFINO	ID ID	Country USA USA	83544 83544-1236	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 155150		Signature: Tammy L. Davis Name (type or print): Tammy L. Davis			Date: 04/27/2012 Title: Office Manager			
Processed 04/27/2012	ocessed 04/27/2012 * Electronically provided signatures are accepted as original signatures.							